

Vision Coverage

Vision coverage is provided by BCBSM through Vision Service Plan (VSP) using the VSP provider network. Your vision plan is designed to provide you with the highest level of benefit and the least amount of out-of-pocket costs when you choose a participating provider. Participating providers have signed agreements to accept the approved amount, less your copay, as payment in full for covered services.



Blue Vision-VSP		
	VSP Provider	Non-Participating Provider
Vision Examination (once per calendar year)	Covered 100% after \$5 copay	Up to \$35, less a \$5 copay (member responsible for any difference)
Lenses and Standard Frames (once per calendar year)	Covered 100% after \$10 copay for lenses and standard frames	Up to a predetermined amount for lenses and up to \$45 for frames, less a \$10 copay (member responsible for any difference)
Elective Contact Lenses (once per calendar year)	\$150 Allowance for lenses and exam	\$105 Allowance for lenses and exam
Please Note: Benefits are payable for either eyeglass lenses or contact lenses, but not both.		